

**REQUEST FOR  
EARLY RETIREMENT OF  
CAPITAL CREDITS  
(DECEASED MEMBER)**



I, \_\_\_\_\_, upon oath state:

1. This affidavit is made under the provisions of OKLA. STAT. Title 58, §393 (Supp. 2016).
2. Applicant requests early distribution of capital credits held by Tri-County Electric Cooperative, Inc. (TCEC) in the name of \_\_\_\_\_ (decedent), who died on \_\_\_\_\_, \_\_\_\_\_.
3. Please check the applicable box and attach the proper documents.
  - The amount received shall be distributed by Applicant to decedent's heirs/legatees entitled to the same according to the law of the State of Oklahoma. A certified copy of the Last Will and Testament of the decedent and a copy of the death certificate is attached hereto.
  - The deceased died leaving no Will; a copy of the death certificate is attached hereto.
4. Decedent was the named member of Tri-County Electric Cooperative, Inc. (TCEC), as indicated by the records of the Cooperative.
5. The fair market value of property located in Oklahoma owned by the decedent and subject to disposition by will or intestate succession at the time of his/her death, less liens and encumbrances, does not exceed Fifty Thousand Dollars (\$50,000.00).
6. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
7. Applicant consents, agrees and recognizes that capital credits retired prior to a distribution in the regular course of business will be subject to the reduction to a present-day value.

8. The heirs-at-law/legatees and the share designated for them and their current mailing address under the law of intestate succession of the State of Oklahoma or the provisions of decedent's will is/are as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Undivided one-\_\_\_\_\_ (1/\_\_\_\_\_)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Undivided one-\_\_\_\_\_ (1/\_\_\_\_\_)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Undivided one-\_\_\_\_\_ (1/\_\_\_\_\_)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Undivided one-\_\_\_\_\_ (1/\_\_\_\_\_)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Undivided one-\_\_\_\_\_ (1/\_\_\_\_\_)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Undivided one-\_\_\_\_\_ (1/\_\_\_\_\_)

9. All taxes and debts of the estate of decedent have been paid or otherwise provided for or are barred by limitations.

10. The undersigned, for and in exchange for the early payment of capital credits as requested herein agrees to hold TCEC harmless from any and all damages from such payment and the undersigned agrees to pay any and all costs and all damages from such payment and the undersigned agrees to pay any and all costs and expenses incurred by said TCEC if

there is a determination that the capital credits were wrongfully or improperly paid. Further, the undersigned agrees to repay to TCEC all funds paid to decedent's estate through the undersigned.

- 11. I understand that this form will be disclosed to any individual who makes a subsequent claim or demand upon the capital credits being claimed hereunder.
- 12. Applicant warrants that all of the information set out in this Application is based upon his/her personal knowledge and warrants that all documents and exhibits, if any, attached hereto are true and correct to the best of her/his knowledge.

**Notary Acknowledgement**

STATE OF \_\_\_\_\_ )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, Applicant

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

My Commission #: \_\_\_\_\_

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**Return this form to: TCEC, P.O. Box 880, 995 Mile 46 Road, Hooker, OK 73945**  
**Phone: 580-652-2418, Email: info@tcec.coop, Fax: 580-652-3290**

**Office Use Only**

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_